



Arizona Department of Agriculture  
Office of Pest Management  
WOOD DESTROYING INSECT INSPECTION REPORT

1688 W. Adams, Phoenix AZ 85207  
(602) 255-3664 www.sb.state.az.us

1A. VA/HUD/FHA CASE #	DATE OF INSPECTION 07/07/2017
1B. <input checked="" type="checkbox"/> ORIGINAL REPORT <input type="checkbox"/> SUPPLEMENTAL REPORT	1D. WDIR # 47023
1C. <input checked="" type="checkbox"/> SALE <input type="checkbox"/> REFINANCE <input type="checkbox"/> OTHER	1E. TARF #

NOTE: Pursuant to: ARS § 32-2333 (A) This form must be completed only by a Certified Applicator.

2. READ CAREFULLY PRIOR TO COMPLETING THIS OFFICE OF PEST MANAGEMENT (OPM) FORM

- The VA or HUD/FHA case number shall be inserted in Item 1A by the lender or by the pest control company.
- Areas that were inaccessible or obstructed (Item 7) may include, but are not limited to, wall coverings, fixed ceilings, floor coverings, furniture, or stored articles. In Item 7, the Inspector shall list those obstructions or areas which inhibited the inspection.
- Item 8A alone is checked when evidence/insects are found but no control measures are performed. Items 8A and 8C are checked when evidence/insects are found AND control measures are performed.
- When visible evidence is observed, wood-destroying insects causing such evidence shall be listed in Item 8A and the visible damage resulting from such infestation shall be noted in Item 8D.
- When treatment is indicated in Item 8C, the insects treated shall be named and the date of treatment indicated. The application method and chemicals used shall be entered in Item 10. Proper control measures may include issuance of a warranty. Warranty information shall also be entered in Item 10. (Proper control measures are those which are allowed by OPM Statute/Rule, or the label for the chemical used).
- Visible evidence of conditions conducive to infestation from wood-destroying insects shall be reported in Items 15-18 on the second page of this form, (e.g., earth-wood contact, faulty grade, insufficient ventilation, etc.).
- All supplemental reports shall be completed within (30) days of the date of the original report.

3A. NAME OF INSPECTION COMPANY Sexton Pest Control	5A. NAME OF PROPERTY OWNER/SELLER Betty Wray	
3B. ADDRESS OF INSPECTION COMPANY (Street, City, ZIP) 14040 N. Cave Creek Rd. Suite. 306 Phoenix, AZ, 85022	5B. PROPERTY ADDRESS (Street, City, ZIP) 4464 E Cortez St. Phoenix, AZ, 85028	
3C. TELEPHONE NUMBER (Include Area Code) 602-942-3653	4. BUSINESS LICENSE # 2358	6A. INSPECTED STRUCTURES Single Family House
6B. LIST ALL UN-INSPECTED STRUCTURES		

7. THIS INSPECTION DOES NOT INCLUDE THE FOLLOWING LISTED AREAS WHICH ARE OBSTRUCTED OR INACCESSIBLE. (See also Item 19, page 2.)  
The garage has stored items in and around the walls. There is also built in shelves so I could not see the walls.

8. BASED ON THE INSPECTOR'S VISUAL INSPECTION OF THE READILY ACCESSIBLE AREAS OF THE PROPERTY (See Section (11) before completing):

- ☐ A. Visible evidence of wood-destroying insects was observed.  
Describe evidence observed: \_\_\_\_\_  
Type of Wood-Destroying Insects observed: \_\_\_\_\_
- ☒ B. No visible evidence of infestation from wood-destroying insects was observed.
- ☐ C. Visible evidence of infestation as noted in 8A. Proper control measures were performed on (date): \_\_\_\_\_
- ☐ D. Visible damage due to \_\_\_\_\_ was observed in the following areas: \_\_\_\_\_
- ☐ E. Visible evidence of previous treatment was observed. List evidence. (See also Item 20, page 2.): \_\_\_\_\_

9. DAMAGE OBSERVED, IF ANY

- ☐ A. Will be or has been corrected by this company.
- ☐ B. Will not be corrected by this company.
- ☐ C. It is recommended that noted damage be evaluated by a licensed structural contractor for any necessary repairs to be made.

10. ADDITIONAL COMMENTS (ALSO SEE PAGE 2.)

(Number of additional attachments to this report.) \_\_\_\_\_ Page(s)

11. STATEMENT OF INSPECTOR

- A. ☒ The inspection covered the readily accessible areas of the above listed structures, including attics and crawl spaces which permitted entry.
- B. ☒ Special attention was given to those areas which experience has shown to be particularly susceptible to attack by wood-destroying insects.
- C. ☒ Non-destructive probing and/or sounding of those areas and other visible accessible wood members showing evidence of infestation was performed.
- D. ☒ The inspection did not include areas which were obstructed or inaccessible at the time of inspection.
- E. ☒ Neither I, nor the company for which I am acting, have had, presently have, or contemplate having any interest in this property.
- I do further state that neither I, nor the company for which I am acting, is associated in any way with any party to this transaction.

12A. SIGNATURE OF INSPECTOR 	12B. INSPECTOR'S LICENSE NUMBER 170378	12C. DATE 07/07/17
<p align="center"><b>STATEMENT OF PURCHASER</b></p> <p>I HAVE RECEIVED THE ORIGINAL, OR A LEGIBLE COPY, OF THIS FORM AND HAVE READ PAGE (1, 2, &amp; 3) OF THIS FORM. I UNDERSTAND THAT THIS IS NOT A STRUCTURAL DAMAGE, FUNGUS/MOLD REPORT, OR A WARRANTY AS TO THE ABSENCE OF WOOD-DESTROYING INSECTS AND I CAN CONSIDER ASSESSMENT BY A LICENSED STRUCTURAL CONTRACTOR OR FUNGUS/MOLD INSPECTOR FOR ANY STRUCTURAL DAMAGE OR FUNGUS/MOLD CONCERN.</p>		
13. SIGNATURE OF PURCHASER		14. DATE

PROPERTY NAME/ADDRESS Betty Wray 4464 E Cortez St.	DATE OF INSPECTION 07/07/2017				
AT THE TIME OF THE INSPECTION THE PROPERTY WAS: <input checked="" type="checkbox"/> Vacant <input checked="" type="checkbox"/> Occupied <input checked="" type="checkbox"/> Unfurnished <input checked="" type="checkbox"/> Furnished					
<b>CONDITIONS CONDUCTIVE TO INFESTATION</b>					
15. <b>WOOD TO EARTH CONTACT (EC)</b> <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO            (If YES, check mark and explain conditions conducive)					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Fence Abutting Structure  <input type="checkbox"/> Concrete Form Boards  <input type="checkbox"/> Porch Post            Comments:         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Pier Posts  <input type="checkbox"/> Porch Stairs  <input type="checkbox"/> Trellis         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Plants/Trees Contacting Structure  <input type="checkbox"/> Other _____         </td> </tr> </table>		<input type="checkbox"/> Fence Abutting Structure <input type="checkbox"/> Concrete Form Boards <input type="checkbox"/> Porch Post Comments:	<input type="checkbox"/> Pier Posts <input type="checkbox"/> Porch Stairs <input type="checkbox"/> Trellis	<input type="checkbox"/> Plants/Trees Contacting Structure <input type="checkbox"/> Other _____	
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16. <b>EXCESSIVE CELLULOSE DEBRIS (CD)</b> <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO            (If YES, check mark and explain conditions conducive)					
Comments:					
17. <b>FAULTY GRADES (FG)</b> <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO            (If YES, check mark and explain conditions conducive)					
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Evidence of surface water draining toward house  <input type="checkbox"/> Floor level or planters at or below grade  <input type="checkbox"/> Wood siding below grade            Comments:         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Stucco at or below grade  <input type="checkbox"/> Joists in crawl space less than 18" above grade  <input type="checkbox"/> Other _____         </td> </tr> </table>		<input type="checkbox"/> Evidence of surface water draining toward house <input type="checkbox"/> Floor level or planters at or below grade <input type="checkbox"/> Wood siding below grade Comments:	<input type="checkbox"/> Stucco at or below grade <input type="checkbox"/> Joists in crawl space less than 18" above grade <input type="checkbox"/> Other _____		
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18. <b>EXCESSIVE MOISTURE (EM)</b> <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO            (If YES, check mark and explain conditions conducive)					
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Standing Water  <input type="checkbox"/> Sprinklers Hitting Structure  <input type="checkbox"/> Crawl Space/Water Leaking            Comments:         </td> <td style="width: 25%; vertical-align: top;"> <input checked="" type="checkbox"/> Water Damage  <input checked="" type="checkbox"/> Water Stain  <input type="checkbox"/> Improper Condensate Drainage         </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Bath/Shower/Toilet Leaking  <input type="checkbox"/> Plumbing Leaks  <input type="checkbox"/> Attic/Roof Leak         </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Inadequate Ventilation  <input type="checkbox"/> Other _____         </td> </tr> </table> <p>In the master bathroom there was water damage under the bathroom sink. Next to the toilet there was water stains on the carpet. In the upstairs bedroom, southwest corner, there was water stains on the ceiling.</p>		<input type="checkbox"/> Standing Water <input type="checkbox"/> Sprinklers Hitting Structure <input type="checkbox"/> Crawl Space/Water Leaking Comments:	<input checked="" type="checkbox"/> Water Damage <input checked="" type="checkbox"/> Water Stain <input type="checkbox"/> Improper Condensate Drainage	<input type="checkbox"/> Bath/Shower/Toilet Leaking <input type="checkbox"/> Plumbing Leaks <input type="checkbox"/> Attic/Roof Leak	<input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Other _____
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19. <b>INACCESSIBLE AREAS (IA)</b> <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO            (If YES, check mark and explain)					
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Attic – All  <input type="checkbox"/> Attic – Joists  <input type="checkbox"/> Attic – Partial  <input type="checkbox"/> Plumbing Traps            Comments:         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Floors  <input type="checkbox"/> Wall Interiors  <input type="checkbox"/> Enclosed Stairwell  <input type="checkbox"/> Dropped Ceilings         </td> <td style="width: 33%; vertical-align: top;"> <input type="checkbox"/> Sub/Crawl Space Area – Clearance  <input type="checkbox"/> Sub Area/Crawl Space No Access  <input type="checkbox"/> Areas Obstructed By Furniture Or Stored Articles  <input type="checkbox"/> Other _____         </td> </tr> </table>		<input type="checkbox"/> Attic – All <input type="checkbox"/> Attic – Joists <input type="checkbox"/> Attic – Partial <input type="checkbox"/> Plumbing Traps Comments:	<input type="checkbox"/> Floors <input type="checkbox"/> Wall Interiors <input type="checkbox"/> Enclosed Stairwell <input type="checkbox"/> Dropped Ceilings	<input type="checkbox"/> Sub/Crawl Space Area – Clearance <input type="checkbox"/> Sub Area/Crawl Space No Access <input type="checkbox"/> Areas Obstructed By Furniture Or Stored Articles <input type="checkbox"/> Other _____	
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20. <b>EVIDENCE OF PREVIOUS TREATMENT</b>					
<input type="checkbox"/> <b>BY ANOTHER COMPANY:</b> While evidence of previous treatment does exist, it is impossible for the inspecting company to ascertain if such treatment was properly performed. Further investigation is left to the Buyer's discretion to determine if such treatment was done properly and if a valid warranty exists against the target pest of such treatment.					
<input type="checkbox"/> <b>BY THE INSPECTING COMPANY:</b> Previous treatment is recorded for this property. At the Buyer's discretion, treatment records can be viewed at the inspecting company's local office with the property owner's permission.					
Account Number: _____ Date of Initial Treatment: _____ Target Pest: _____					
Warranty Expiration Date: _____ Other: _____					
Pest Control Inspector's Additional Comments					

PROPERTY NAME/ADDRESS

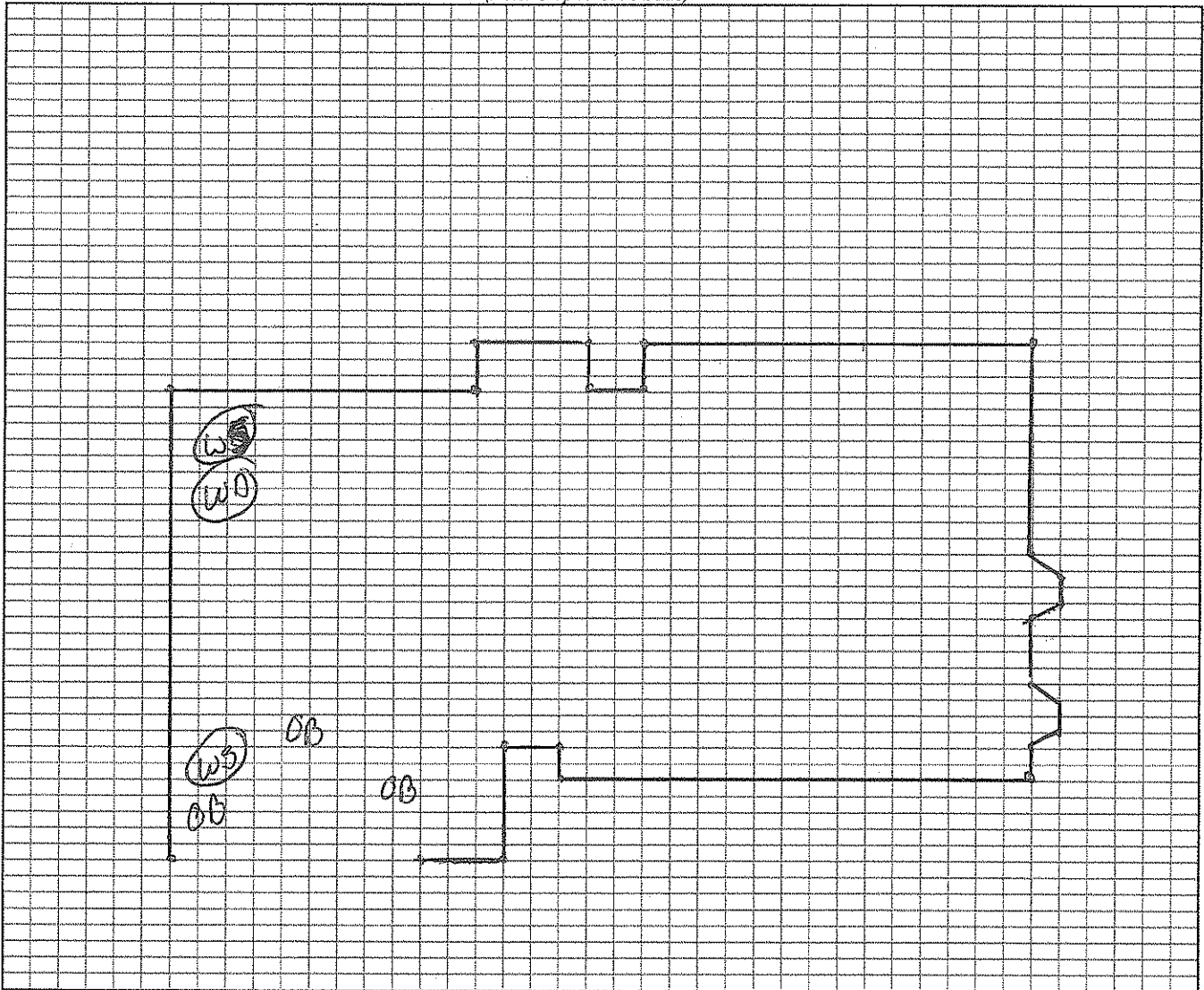
Betty Wray 4464 E Cortez St.

DATE OF INSPECTION

07/07/2017

## GRAPH OF STRUCTURE(S)

(Note: Graph Not To Scale)



PURSUANT TO: R4-29-501 (E)(5)(o) THE INSPECTOR MUST COMPLETE THE GRAPH ON PAGE (3) AND CHECK (✓) MARKED BELOW FOR ANY ITEMS WHICH ARE NOTED ON PAGES (1) AND (2)

✓	CODE	SEE GRAPH PAGE (3)	✓	CODE	SEE GRAPH PAGE (3)	✓	CODE	SEE GRAPH PAGE (3)	✓	CODE	SEE GRAPH PAGE (3)
<input type="checkbox"/>	SU Subterranean Termites	<input type="checkbox"/>	<input type="checkbox"/>	OW Other Wood Destroying Insects (*)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OB Obstructions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WD Water Damage	<input type="checkbox"/>
<input type="checkbox"/>	DR Drywood Termites	<input type="checkbox"/>	<input type="checkbox"/>	FG Faulty Grade	<input type="checkbox"/>	<input type="checkbox"/>	IA Inaccessible Areas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WS Water Stains	<input type="checkbox"/>
<input type="checkbox"/>	DA Dampwood Termites	<input type="checkbox"/>	<input type="checkbox"/>	EC Wood To Earth Contact	<input type="checkbox"/>	<input type="checkbox"/>	IV Inadequate Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	RL Roof Leaks	<input type="checkbox"/>
<input type="checkbox"/>	BE Wood Destroying Beetles	<input type="checkbox"/>	<input type="checkbox"/>	CD Cellulose Debris	<input type="checkbox"/>	<input type="checkbox"/>	PL Plumbing Leaks	<input type="checkbox"/>	<input type="checkbox"/>	EM Excessive Moisture	<input type="checkbox"/>
<input type="checkbox"/>	CA Carpenter Ants	<input type="checkbox"/>	<input type="checkbox"/>	PA Plantings Abutting Structure	<input type="checkbox"/>	<input type="checkbox"/>	SP Sprinkler Hitting Structure	<input type="checkbox"/>	<input type="checkbox"/>	FI Further Inspection Needed	<input type="checkbox"/>

(\*) Other Wood Destroying Insects